Nov 08 06 12:33p Graves & Leavitt 702-385-1178

p.3

FORM: 819 (Official Form 10) (10/05)								
UNITED STATES BANKBUPTCY COURT			THET (	or Nevade	PROOF OF CLAIM			
Name of Debtor USA Commercial Mortgage Company		Case	Number	06-10725-LBR	71001 01 00 01			
NOTE. This form should not be need to inside a claim for an administrative expense anting after the commencement of the case. A "request" for payment of an administrative expense etcy be filled parament to 11 U.S.C. § 505.								
	The person or other entity to whom the			you are amore that snyor				
Richard G Ad	• • •	cles has filed a proof of ch year claim. Assch copy e		Attach copy of statement				
			ing partic					
1890 E Thirst	where nemoes should be sent: Cactus Lame	Check box of you have never zeconvolt any metices from the bankinghey court in this case.						
Scottedale, AZ	85262	Check how of the address differs from the address on the coverings som to you by			. 1			
Telephone number		die Court.			This Since is not Court Use Court			
Last four digits of s identifies deliter	tocourt or other number by which configer	9.2	ok here na china	Danceds a previous)	y filed clarm, detect:			
1 Bass for Ci				ctives benefits as defined	=			
Geods: Service				luges, saleries, and comp ass four digits of your Si				
☐ Menty	formed		U	lapted compensation for	services performed			
	i mjury/wrongful death		f <del>.</del>					
00 Other-	Money Invested			(date)	(date)			
2. Date deht w	ns uncurrent: 12/23/2005	3.	R con	rt judgustat, date obta	intel			
	of Chaire. Check the appropriate best or bester th	at best di	ofte ye	er chara and state the am	owns of the claim at the time case tiles			
See revent sele	for superstant captagestons presericy Clause s 26260 40		Socm	red Chim				
•	on if a) there is no collisional or lies accuring you and the value of the property occuring is, or if c) t them is entitled to priority.	r chum, or	<u></u>	Check that box of your cit it of autoff).	um is socied by sollateral (stoleding			
b) your claim exect								
Unsucered Priority Claim				Brief Description of Coll  Real Bases: (2) Me	Mor Velncic Other			
Check this box of you have an unsecured clause, all or part of se			ł	Value of Collateral: S_				
entable to priority Amount catalled to priority S				et of arrestage and other	charges at time case filed lacteded as			
₹		155	2 225° of descriptions	d purchage, leage, or restal of property				
Specify the practic of the claus:  Domestic support obligations under 11 U.S.C § 507(a)(1)(A) or				cas for personal, family o	r household me - 11 U.S C			
(a)(1)(B)	and community over the State State & second section	0		•	remembal mass - 11 U.S.C 4 507(a)(8).			
days before filing a butiness, whicheve	s, or communicate (up to \$10,000)," earned wider If the breitraptcy patition or contained of the debt ris cartier — 13 U.S.C. § 507(n)(4)	•W 130 C	ه علاسم	re ambject to enfirmment o	mph of 11 U.S.C. § 997(a)() m 4/1/97 and every 3 years thereafter			
Considerations	to an employee benefit plan - #1 U.S.C. § 507(a	)(S)	1416	pact to cases commenced	on or after the date of adjustment.			
5. Total Amou	et of Claim at Time Case Plink	1	26280		\$26280,40			
Check this been internet or additional controls.	s of claim factures enterest or other charges in edi- branii charges.	lines to ti	* pricery	ed) (secured) pli transunt of the claim. /	(priority) (Total) Attack forminal statement of all			
	e amount of all payments on this claus has been	codited	rate ber	and for the purpose of	These Street as your County Uses Only			
anling the pro	of of claim. Vegenants: Attack capies of suppossing docum.		<b>.</b>					
orders, Havesces	venumes: Americaptes of supporting account, hemated statements of maring accounts, count	mes, such ets, court	بومبر رد ادومارز	inacity suring, parchaet 86, speringer, sectionty	1			
Agricuments, and	evidence of perfection of last. DO NOT SEN	D ORIGI	NAL DO	CUMENTS. If the	FLED NOV 7 3 200			
documents are not available, engline. If the documents are volumentus, attach a summary  LEU IVOV *** CUU  8. Date-Stamped Capy: To receive an acknowledgment of the filing of your classe, enclose a stamped, self-								
addressed convictions and convict district convictions and con								
Date Sign and fifth the super-contribut, if any of the conditor or other penson methods and to the tapk of the copy of pipeer of attention of any):								
10/25/01342								
4-8-06	Julian		CHA	no 4 pans	<u> </u>			
Penulty for present	ing franchiber claim. Fine of up to \$500,000 or			w to 5 years, or both. IS	HSC #199-4391			

5.9

PROOF OF CLAIM								
Name of Debtor	Case Nur	mber	·					
USA Commercial Mortgage Company	06-107	25-LBR						
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expansing after the commencement of the case. A "request" for payment of		Check box if you are aware that anyone else has filed a proof of claim relating	IF YOU ARE ON! Y	OWED MONEY BY A BORROWER				
administrative expense may be filed pursuant to 11 U S C § 503		to your claim Attach copy of	WHOSE LOAN IS	BEING SERVICED BY THE				
Name of Creditor and Address  11321242035297  FOXCROFT DAVID 2605 E FLAMINGO RD	statement giving particulars  Check box if you have never received any notices from the bankruptcy court or	OF CLAIM THIS I BORROWER HELI	O <u>NOT</u> HAVE TO FILE A PROOF NCLUDES MONEY FROM THAT D IN THE COLLECTION ACCOUNT					
LAS VEGAS NV 89121		BMC Group in this case  Check box if this address differs from the address on the	SECURED INTERE ONE OF THE DEB If you have aired	EST IN A BORROWER THAT IS NOT TORS add filed a proof of claim with the				
Creditor Telephone Number / 1775 C.C. 020 A	envelope sent to you by the court		or BMC, you do not need to file again					
Creditor Telephone Number ( ) 775-852-2324- Last four digits of account or other number by which creditor identifies of	ebtor			UN UNIT OUR UNLT				
3992		Check here replaces or a previously filed claim dated if this claim amends						
1 BASIS FOR CLAIM		enefits as defined in 11 U S		Unremitted principal				
Goods sold Personal injury/wrongful death	. •	alanes and compensation (	fill out below)	Other claims against servicer (not for loan balances)				
	Last four digits of your SS#							
		ompensation for services pe		to				
JRA ACCT. INVESTED IN FIRST DEED OF TRUST THRU USA CREDY TAL (date)  2 DATE DEBT WAS INCURRED  13 IF COURT JUDGMENT, DATE OBTAINED								
	4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed  See reverse side for important explanations							
UNSECURED NONPRIORITY CLAIM \$		SECURED CLAIM  Check this box if w	our claim is sacir	ed by collateral functurions				
Check this box if a) there is no colleteral or lien securing your claim or b) exceeds the value of the property securing it or if c) none or only part of your chitled to priority	Check this box if your claim is secured by collateral (including a right of setoff)  Brief description of collateral							
UNSECURED PRIORITY CLAIM		Real Estate    Motor Vehicle    Other						
Check this box if you have an unsecured claim all or part of which is entitled to priority		Value of Collateral \$ (a) 1000 .00						
Amount entitled to priority \$	Amount of arrearage and other charges at time case filed included in							
Specify the priority of the claim		secured claim if any						
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)  Wages salanes or commissions (up to \$10 000)* earned within 180 days	services for personal family of	Up to \$2 225* of deposits toward purchase lease or rental of property or services for personal family or household use 11 U S C § 507(a)(7)						
before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier - 11 U S C § 507(a)(4)		Taxes or penalties owed to go Other - Specify applicable pan		* * * * * * * * * * * * * * * * * * * *				
Contributions to an employee benefit plan - 11 U S C § 507(a)(5)	<del></del>	*Amounts are subject to adju- with respect to cases commer		late of adjustment				
5 TOTAL AMOUNT OF CLAIM \$ \$ (	00,0	200.00 \$		\$				
(unsecured)  Check this box if claim includes interest or other charges in addition to the	•	ecured) amount of the claim Attach ite	( pnonty) mized statement of	(Total) all interest or additional charges				
6 CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim								
7 SUPPORTING DOCUMENTS Attach copies of supporting documents, such as promissory notes, purchase orders invoices itemized statements of running accounts, contracts court judgments mortgages, security agreements, and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available explain if the documents are voluminous, attach a summary								
8 DATE-STAMPED COPY To receive an acknowledgment of the filing of your claim enclose a stamped, self-addressed envelope and copy of this proof of claim								
The onginal of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5 00 pm, prevailing Pacific time, on November 13, 2006 for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and								
governmental units) BY MAIL TO BMC Group BMC Group BMC Group								
Attn USACM Claims Docketing Center P O Box 911		CM Claims Docketing Cente Franklin Avenue		II ED 00-				
El Segundo CA 90245-0911 El Segundo CA 90245								
DATE SIGN and print the name and title of any of the creditor or other person authorized to file this claim (attach-copy of power of attorney signly) USA CMC								
10-21-06 Unis Chairm (august 2004) or power or autom	or journey)			1072500728				